Date: February 11, 2009

From: William Eddy, Treasurer, Connecticut Commission on Aging Subject: HB 6365 State Budget for Biennium Ending June 30, 2011

Commission on Aging Biennial Budget

To: Distinguished Chairs and Members of the Appropriations Legislative Subcommittee

My name is Bill Eddy. I have been an active, non-paid volunteer on issues on behalf of older adults and people with disabilities since my retirement from private industry in 1993. I am the Treasurer, and a member of the Connecticut Commission on Aging, appointed by Governor Rell to the unpaid volunteer position in 2005.

As a retired financial services executive who endured the 1973-1974 recession, the 1981-1982 recession and the aftermath of the 1987 stock market crash, I empathize with today's policymakers and other leaders. I know the pressure to make unpopular decisions is a heavy load.

Commission on Aging Advocacy - Resource and Oversight Responsibility. Eliminating Knowledgeable Internal Critique is Not a Good Idea, Either Qualitatively or Quantitatively

As an agency within state government, the Connecticut Commission on Aging has a place at the table which is unique among advocates. The Commission on Aging not only acts as an independent resource for the older adult community it represents but also as a non-partisan resource to the legislature, administration, providers, consumers, and advocates.

Our advocacy also embraces oversight accountability on behalf of the older adult community through promoting and helping to implement sound public policy, and critiquing and helping to solve issues with government delivery structure for programs and budgets related to aging issues.

Beware the talk that there is plenty of advocacy out there. Examine carefully what that means. No one has a seat at the table within state government like we have. Only the Commission on Aging occupies that seat on behalf of the older community. Nor is the Commission a "nice-to-have" luxury for the legislature. Rather, it is an effective internal oversight audit function for any advocacy agency.

Spending \$500,000 for the Commission on Aging annual budget measured against over \$2,000,000,000 in growing state expenditures for annual long term care services and supports, which computes to less than .0003, is a reasonable fee to pay for an insurance policy in any environment.

Also, keep in mind that the nation is on the brink of financial chaos because there was no effective voice of oversight built into the implementation of policy changes at the highest level.

Commission on Aging Member Composition and Extensive Network of Relationships - Big Bang for Small Bucks

It is important to note that the Commission on Aging is citizen-driven. Its 17 appointed, unpaid commission members come from communities throughout the state and possess a variety of applicable skills and backgrounds.

Our oversight for the older community is not just critique on policy affecting their needs and lives. It is collaboration and follow-through on policy implementation. We have an extensive network of formal (statutory) relationships with which we meet and communicate regularly. A glance at attachment A reflects an extraordinary depth of backgrounds across the very expensive and fragmented long term care system. Keep in mind that long-term care-related expenses represent the biggest component of the Department of Social Services budget that in turn represents the biggest component of the state budget.

The Commission on Aging also has an extensive network of informal (non-statutory) relationships as well.

The small but very effective and professional staff of 4 of the Commission on Aging provides a knowledgeable resource, creativity, consensus-building, and thoughtful follow-through in all that we do. The Executive Director, Julia Evans Starr, is a skilled consensus builder and a priceless asset. She supports and manages a diverse Commission on Aging board and co-chairs and manages the diverse membership of the state Long-Term Care Advisory Council. The Advisory Council collaborates with OPM and the Long-Term Care Planning Committee in developing the state Long-Term Care Plan every three years. That process has now begun for the next plan due in January 2010.

Commission on Aging Independence - Why It is Necessary

It is prudent for the legislature to consider all options in times of economic calamity, but it is also the time for members to ensure they make intelligent decisions. Quick short-term actions taken under pressure without thought to long-term planning can result in very serious long-term consequences.

Our independence is required. We tried for 10 years operating under the same leadership alongside management of programs within DSS. It does not work. It's like mixing oil and water. Mixing focused program thinking with broad advocacy oversight thinking does not work and there is unwarranted discrimination with budgets and priorities. The proof is in how the Commission on Aging has blossomed with a small staff since its move in July 2005 from the Executive branch (DSS) to the Legislative branch. It still maintains full, even better, communications with DSS. Ex-officios from the state's departments having a

stake in long term care and older adult issues attend Commission on Aging board meetings on a regular basis. Also, Commission staff serve on many of their committees.

Commission on Aging - Efficient and Effective Cost-Benefit/RBA Achiever
The small budget, together with the professional and efficient 4-person staff of
the Commission on Aging, delivers a sound and wise investment today and for
Connecticut's future. The stewardship of this investment meets the principles
and objectives embodied in RBA (Results Based Accountability) and cost-benefit
analysis. It is in sync with the "better results for less money" "Budgeting for
Outcomes" approach being espoused by the Governor's consultant, David
Osborne, who recently spoke to the Legislature.

Set Forth in Attachment B Are Several Tangible Examples of Commission on Aging Work Products.

Here are some examples of how the Commission on Aging goes about its job and delivers thoughtful results. We focus on issues of major importance to the older adult community, establish them as goals, do the analysis, develop an action plan, make resulting recommendations and then follow-through with agreement and implementation.

Each of them represents high value achievements we orchestrated. All four involved collaboration with different arms of state or town government and, most importantly, follow-through on getting the job done.

The four examples are as follows:

Connecticut Long-Term Care Needs Assessment: Needs and Delivery Structure

Property Tax Relief for Older Adults: A Profile of Connecticut's Local Programs

Redefining Retirement Years: Workforce Issues

State Long-Term Care Website: Communications Issue

These achievements, with the exception of the Long-Term Care Needs Assessment conducted by the UConn Center on Aging, were done without special state funding. All involved a lot of sweat equity not covered in the Commission on Aging budget. All were done with the dedication and thoughtful perseverance of the small Commission on Aging staff and its partners. We are not afraid to work late, we are not afraid to be creative. But we are afraid of short-term thinking that is not coupled with long-term planning.

The UConn Center on Aging Long-Term Care Needs Assessment
It was authorized by the Legislature, and overseen by the Commission on Aging which
was assisted by the Long Term Care Advisory Council which it Co-Chairs and
manages, and the Long-Term Care Planning Committee. No similar comprehensive
assessment had been conducted for 20 years. The Commission organized the push-

through legislatively and worked closely with UConn to make sure the \$200,000 with which we were entrusted was spent wisely. There is universal agreement that the product is an outstanding piece of work.

The study provides a factual and economically cost-effective basis for the continued shifting of the delivery of long-term care services and supports, where practical, to less-expensive home and community-based settings, where most people want to be rather than in institutions.

This assessment provides a roadmap for the state for long-term care planning for years to come.

David Osborne, the consultant, indicates that health care is the 800 lb gorilla on the horizon for every state that can upset sound budgeting plans unless brought under control. He estimates that in 8 years health care expenditures will consume around 50% of state revenues.

Long-term care and related expenses, a major component of health care, already account for a whopping 14% of the Connecticut budget now and are growing.

With the Connecticut Long-Term Care Needs Assessment definitive study completed, updated and pointing the way for our state to reduce the growth in annual expenditures by hundreds of millions of dollars, our state now needs leadership both in the Legislature and the Administration to step forward to focus upon this opportunity.

The Commission on Aging - Part of the Solution

Now look around for the resources necessary to help in that effort. The

Commission on Aging is one of them:

The Commission on Aging provides leadership in promoting structural change and has cultivated strong relationships throughout the long-term care spectrum.

The Commission on Aging has a fundamental working relationship with one of the government's largest and most difficult-to-manage areas of expenditure.

The initial roadmap investment has been made.

Recommendations need to be aggressively explored and a timetable for implementation established.

The Commission on Aging, as a low cost, highly efficient and effective independent agency, needs to be preserved and left standing to help the state lead its recovery from a number of different economic setbacks now unfolding.

Curtailing the rate of rapidly increasing and very large Medicaid-related expenditures is one of those very key priority areas to address now and in the future.

The Commission on Aging is part of the solution - not part of the problem.

Distinguished Chairs and members of the Appropriations Legislative Management Sub-Committee, please restore the small and efficient budget for the Connecticut Commission on Aging and put it back into the State of Connecticut 2010 and 2011 biennium budget.

Thank you for your thoughtful consideration.

Attachment A - Formal Network of Relationships; Affiliations and Backgrounds

Commission on Aging Members

- Former Director of Elderly Services Division of Department of Social Services
- Professor at UConn School of Social Work
- Retired Financial Services Senior Executive
- Acting Director for City of New Haven (which he directed prior to retirement)
- Commissioner of State's Former Department on Aging 1983-1991
- Director of the Monroe Senior Center
- Retired Banking Executive Vice President and Counsel
- Director of Services for Elderly in Torrington and Director of Sullivan Senior Center
- Senior Coordinator/Municipal Agent for Town of Lisbon and Chair Board of Directors for Senior Resources Agency on Aging
- Section Chief of Geriatrics at Hospital of Saint Raphael in New Haven. Holds faculty positions at University of Connecticut School of Medicine and Yale University School of Medicine
- Commissioner of Connecticut Department of Labor
- Director of Masonic Community Services at Masonicare in Wallingford
- Member Board of Directors North Central Area Agency on Aging
- Former Business Executive and Former 2 Term Mayor of Meriden
- College Educator, Public Policy Consultant, West Hartford Town Council
- Retired Business Executive and Former State Director and State President AARP CT
- President of Connecticut Association of Area Agencies on Aging

Ex-Officio Commission on Aging Members

- Department of Social Services
- Department of Public Health
- Department of Transportation
- Department of Labor
- Department of Developmental Services
- Department of Economic and Community Development
- Department of Mental Health and Addiction Services
- Department of Insurance

Long-Term Care Advisory Council Members

- Legislative Member of the Planning Committee Co-Chair
- Executive Director Commission on Aging Co Chair and Manager
- CT Association of Residential Care Homes
- CT Association of Area Agencies on Aging
- Ct Council for Persons with Disabilities
- Ct Association of Health Care Facilities
- CT Association of Personal Assistants
- CT Assisted Living Association
- CT Association of Adult Day Care Centers

- New England Health Care Employees Union, District 1199
- Consumer
- AARP-CT
- CT Association of Home Care, Inc
- LTC Ombudsman's Office
- Legal Assistance Resource Center
- CT Community Care, Inc
- CT Alzheimer's Association
- CT Association of Not-for-Profit Providers for the Aging
- Family Caregiver, c/o National Multiple Sclerosis Society
- CT Coalition of Presidents of Residents Councils
- American College of Health Care Administrators
- Consumer

Attachment B - Examples of Tangible Commission on Aging Accomplishments

Goal/Issue: Statewide Long Term Care Needs Assessment Recommended in Long Term Care Plan and Long Term Care Advisory Council Priorities

Innovation: Had not been undertaken in 20 years

Strategy: Pursued funded authorization from Legislature to Proceed

Bill passed with strong support. Funding placed in Commission on Aging to oversee

Worked with legislative committee of cognizance to move forward. Identified research institution with credentials - UConn Center on Aging.

Recommendation approved and contract agreed with Legislative Management

Needs Assessment and Report: Conducted by UConn Center on Aging.

Overseen by Commission on Aging and its partners - LTCPC and LTCAC

Communication of Results: written report disseminated to legislature and executive branches - committees of cognizance and related agencies
Two public legislative presentations by UConn Center on Aging
Ongoing small public presentations to interested groups by UConn and
Commission on Aging

Outcome: Completion of Needs Assessment which is broadly applauded and recognized as a serious roadmap for Connecticut to follow in the area of long term care supports and services both in programs and delivery structure. Uconn Center on Aging made numerous recommendations waiting to be explored and implemented. The recommendations cover such far reaching aspects as slowing down the increasing Medicaid expenditures through acceleration in rebalancing and enabling more people to access the lower cost home and community based environment, consolidation of related activities, reduction and consolidation of medicaid program waivers, improvement upon coordination and communication among state agencies and their long term care programs and delivery systems, and basing program eligibility upon the need of the individual rather than by specific age or type of disability.

Cost: \$200,000 for the initial study and \$100,000 for follow up work - all completed

Goal/Issue: Property Tax Relief for Older Adults: A Profile of Connecticut's Local Programs

Innovation: No organization had done this; there was a need for information; we did it Strategy: COA surveyed and compiled the data on l69 towns in house utilizing staff and an intern.

Report: analysis prepared and disseminated to all town governments, assessors and legislators along with recommendations to consider.

Communication: forum was held at LOB with those stakeholders. Attendance filled LOB Rm 2C.

Outcome: superior communication exchange on a major current topic of concern. Towns utilized information to better publicize existing programs to their residents, consider new programs, and establish new relationships with other towns.

Cost: only cost was postage. Everything else was in-house. The benefit is greater awareness for all parties. The Commission on Aging recommendations may stimulate an expansion of and more uniformity in property tax relief benefits.

Goal/Issue: Redefining Retirement Years: Growing older population with ongoing needs

Innovation: Initiated further research based upon survey results from Long-Term Care Needs Assessment. Collaborated with Department of Labor and Governor's Economic Development Commission

Strategy: running pre and post retiree focus groups from the public and private sectors gathering and compiling data..

Report prepared utilizing research methodology and issued. One aspect dealt with workforce issues.

Communication of Results: forum hosted by Dept of Labor for older state workers. Our workshop was oversubscribed and two had to be held.

Outcome: report and enthusiastic communication exchange led to research overseen by member with a legal intern on statutes of Ct and other states. Research report resulted in recommendations that have been drafted in the form of workforce issue Bill proposing changes in state regulations to permit more flexible work schedules. The Bill is expected to be raised by the GAE Committee this session..

Cost: everything was done pro bono or in-house. The potential benefit is savings of \$20 million or more annually for the state.

Goal/Issue: Long Term Care Website - Greater communication need for citizens about long term care services and supports throughout the state and how to access them identified in CT Long-Term Care Plan. Legislation promoted by COA led to approval for a state long term care website, but without funding

Innovation: Long Term Care website had to be created internally. COA raised some outside funding and coupled with its meager budget did most of the content work in-house.

Strategy: Chair of Long-Term Care Advisory Council (COA) collaborated with Chair of Long-Term Care Advisory Council (OPM). OPM provided technical assistance and coordinated with DOIT(state technology dept.)

Format and content prepared by COA and intern. Also utilized input from Long Term Care Advisory Council and collaborated with InfoLine.

Communication of Results: State Long Term Care Services and Supports Website established and later promoted by Governor.

Outcome: In 2008 this website received 80,000 unique visitors and is being utilized as the vehicle for additional state related information

Cost: Website technical development was handled by OPM within its regular budget. Content development by COA was partially funded by outside contributions and the rest provided in-house, primarily by a COA staff person assigned to the project as part of her duties.

Ongoing: Content continues to be maintained by COA.

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